

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020132  
STATE FILE NUMBER

FILED JUN 5 1959 Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bell City,</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Grassy Mo.</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bell City, Mo.</b>		Length of stay in lb <b>3 Years</b>	d. STREET ADDRESS (If outside, give location) <b>0090 ADDRESS</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Amy</b> Middle <b>Knuckles,</b> Last <b>Knuckles,</b>			4. DATE OF DEATH Month <b>3</b> Day <b>6</b> Year <b>59</b>		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan, 6th 1873</b>		9. AGE (In years last birthday) <b>86</b>
		IF UNDER 1 YEAR Months <b>2</b> Days <b>3</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife,</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Cobdon Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13. FATHER'S NAME <b>Daniel Griffith</b>	14. MOTHER'S MAIDEN NAME <b>Mrandia Farrel.</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT Address <b>Mrs Ella Buis, Glen Allen, Mo.</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Senility</b>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>334X</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Advance, Mo.</b>	COUNTY	STATE
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21. I attended the deceased from **April 1959** to **March 4, 1959** and last saw her <sup>him</sup> alive on **March 5, 1959**  
Death occurred at **Bell City, 5-40-A** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>E. C. Masters Sr.</b>	22b. ADDRESS <b>Advance, Mo.</b>	22c. DATE SIGNED <b>March 13, 1959</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-8-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hollis Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Acorn Ridge, Mo.</b>
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24. FUNERAL DIRECTOR <b>Shelley Funeral Home, Bell City, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3/21/59</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Moore</b>
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health, Welfare Public Service  
300 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Raymond L. Duff*

Licensed Embalmer No. *4...7*

P. O. Address. *Barnes*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.